

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>ML</i>		<i>04-19-01</i>
O.I.P.E. CLASSIFIER		<i>12</i>	<i>5/12</i>
FORMALITY REVIEW	<i>nvk</i>	<i>52.562</i>	<i>6/12/01</i>
RESPONSE FORMALITY REVIEW	<i>TR</i>	<i>110</i>	<i>7-26-01</i>

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INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10/29/01
2	✓	✓	10/29/01
3	✓	✓	10/29/01
4	✓	✓	10/29/01
5	✓	✓	10/29/01
6	✓	✓	10/29/01
7	✓	✓	10/29/01
8	✓	✓	10/29/01
9	✓	✓	10/29/01
10	✓	✓	10/29/01
11	✓	✓	10/29/01
12	✓	✓	10/29/01
13	✓	✓	10/29/01
14	✓	✓	10/29/01
15	✓	✓	10/29/01
16	✓	✓	10/29/01
17	✓	✓	10/29/01
18	✓	✓	10/29/01
19	✓	✓	10/29/01
20	✓	✓	10/29/01
21	✓	✓	10/29/01
22	✓	✓	10/29/01
23	✓	✓	10/29/01
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25	✓	✓	10/29/01
26	✓	✓	10/29/01
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28	✓	✓	10/29/01
29	✓	✓	10/29/01
30	✓	✓	10/29/01
31	✓	✓	10/29/01
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42	✓	✓	10/29/01
43	✓	✓	10/29/01
44	✓	✓	10/29/01
45	✓	✓	10/29/01
46	✓	✓	10/29/01
47	✓	✓	10/29/01
48	✓	✓	10/29/01
49	✓	✓	10/29/01
50	✓	✓	10/29/01

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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